1. DATE OF EXAMINATION 2. SOCIAL SECURITY NUMBER (YYYYMMDD) REPORT OF MEDICAL EXAMINATION PRIVACY ACT STATEMENT AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397. PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. 4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code) 5. HOME TELEPHONE 3. LAST NAME - FIRST NAME - MIDDLE NAME NUMBER (SUFFIX) (Include Area Code) 7. DATE OF BIRTH 10. RACE 6. GRADE 8. AGE 9. SEX (YYYYMMDD) Asian/Pacific Islander American Indian/Alaskan Native Female Black Male White 13. ORGANIZATION UNIT AND UIC/CODE 12. AGENCY (Non-Service Members Only) 11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN 14.a. RATING OR SPECIALTY (Aviators Only) b. TOTAL FLYING TIME c. LAST SIX MONTHS c. PURPOSE OF EXAMINATION 16. NAME OF EXAMINING LOCATION, AND ADDRESS 15.a. SERVICE b. COMPONENT (Include ZIP Code) Coast Medical Board Army Enlistment Other Active Duty Commission Retirement Navy Reserve Marine Corps Retention U.S. Service Academy National Guard Separation ROTC Scholarship Program Air Force CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.) Nor- Ab- NE 44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional 17. Head, face, neck, and scalo 18. Nose 19. Sinuses 20. Mouth and throat 21. Ears - General (Int. and ext. canals/Auditory acuity under item 71) 22. Drums (Perforation) 23. Eyes - General (Visual acuity and refraction under items 61 - 63) 24. Ophthalmoscopic 25. Pupils (Equality and reaction) 26. Ocular motility (Associated parallel movements, nystagmus) 27. Heart (Thrust, size, rhythm, sounds) 28. Lungs and chest (Include breasts) 29. Vascular system (Varicosities, etc.) 30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated) 31. Abdomen and viscera (Include hernia) 32. External genitalia (Genitourinary) 33. Upper extremities 34. Lower extremities (Except feet) 35. Feet (See Item 35 Continued) 36. Spine, other musculoskeletal 37. Identifying body marks, scars, tattoos 38. Skin, lymphatics 39. Neurologic 40. Psychiatric (Specify any personality deviation) 41. Pelvic (Females only) 35. FEET (Continued) (Circle category) 42. Endocrine 43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed

Acceptable

by dentist. If dental examination not done by

dental officer, explain in Item 44.)

Normal Arch

Pes Cavus

Pes Planus

Mild

Moderate

Severe

Asymptomatic

Symptomatic

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ABORATOR		NGS	1				46	LIDINE HC	<u> </u>		47 LI	/LI		10 0	1 000	TVDE		
45. URINALYSIS			a. Albumin b. Sugar			46. URINE HCG			47. H/H				48. BLOOD TYPE					
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9. HIV		RESU	RESULTS						HIV SPECIMEN ID LABEL				DRUG TEST SPECIMEN ID LABEL					
0. DRUGS																		
1. ALCOHOL																		
2. OTHER																		
a. PAP SME	AK																	
b.																		
C.						-												
						MEA	SUR	REMENTS	AND O	THER FIN	IDINGS	3						
3. HEIGHT	IGHT	55. MIN WGT - MAX WGT					N	%		56. TEMPERATURE		E 57	57. PULŞE					
		lbs.																
B. BLOOD PF							59.	RED/GREE	N (Army	Only)		60. OT⊦	IER VISION	I TEST				
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YS.	SYS.			SYS.														
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5. ACCOMM	ODATION				66. COL	OR VIS	SION	(Test used	and resu	/t)	67. D	EPTH PER	CEPTION (Test us	ed and	d score)	AFVT	
ight		eft			PIP				/14			rected				ected		
8. FIELD OF	VISION					69. NI	IGHT	VISION (7	est used	and score,		70.	INTRAOCU	LAR TE	NSIO	<u> </u>		
												O.D			o.s			
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Date Calib	D)		Date Calibrated (Y)								,	TEST						
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Right							_	Right							72b	VALSA		
eft								Left								SAT	U	NSAT
3. NOTES (C	ontinued)	AND SI	GNIFIC	ANT OR	INTERVA	LHIST	ORY	(Use addit	ional sne	ets if nece.	ssary.)							

LAST	NAME - F	IRST NAME - MI	DDLE NAME (S	(UFFIX)					SOCIAL SECURITY NUMBER								
74.a.	EXAMIN	EE/APPLICANT (check one)			75. I have be	en adv	sed of r	ny disqualify								
	IS QUALIF	EIED FOR SERVIO	CE				a. SIGNATUI				b. DATE (YYYYMMDD)						
	IS NOT Q	JALIFIED FOR S	ERVICE														
b. PH	YSICAL P	ROFILE											•				
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76. SI	GNIFICAN	T OR DISQUALI	FYING DEFECT	s								·	1				
ITEM	ME	DICAL CONDITIO	DN/DLA CNOCIC		ICD PROFILE			RBJ DATE	QUALI-	DIS-	EXAMINER	V	VAIVER RECE	IVED			
NO.	IVIE	DICAL CONDITION		CODE SERIAL			(YYYYMMDD)	FIED	QUALI- FIED	INITIALS	SERVI	TICE DATE (YYYYMMDD)					
77. S	UMMARY	OF DEFECTS A	ND DIAGNOSES	3 (List dia	agnoses wit	h item nu	mbers) ((Use additiona	l sheets i	f necessa	ary.)						
78. R	ECOMME	NDATIONS - FUR	THER SPECIAL	IST EXA	MINATIONS	SINDICAT	ΓΕΟ (Sp:	ecify) (Use add	ditional s	heets if r	necessary.)		_				
79. N	IEPS WOF	KLOAD (For ME	PS use only)														
	WKID		ST	DATE	DATE (YYYYMMDD) INITIA			WKID			ST	DATE	(YYYYMMDD)	INITIAL			
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80. MEDICAL INSPECTION DATE HT					%BF	MAX WT	HCG	QUAL DISQ			PHYSICIAN'S SIGNATURE						
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81.a.	TYPED OF	R PRINTED NAM	E OF PHYSICIA		L	b. SIGNATURE											
82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER									b. SIGNATURE								
83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)									b. SIGNATURE								
84.a.	TYPED OF	R PRINTED NAM	E OF REVIEWIN	ig offic	ER/APPROV	/ING AUT	HORITY	b. SIGNA	ATURE								
85.	This exar	nination has be	en administr	atively r	reviewed f	s and accur	and accuracy.										
	SIGNATUR	·		b. GRAD	<u> </u>		c. DAT	TE (YYYYMMDD)									
86. V	VAIVER GI	RANTED (If yes,	date and by wh	hom)								[8	37. NUMBER				
	YES NO												ATTACHE	ED SHEETS			